

MONTEREY BOARD OF HEALTH

<u>Disposal Works Construction Permit Application</u> ***3 Sets of Plans <u>MUST</u> accompany this form*** (Fee: See Below)

All information must be completely filled out or it will be returned

New Construction \$200.00 ()	Repair \$50.00 () Upg	grade/Replacement \$200.00 ()	
Upgrade to gpd () Addition of bedrooms ()			
Site Address:	Ma	np# Lot #	
Owner:	Telephone:		
Owner Mailing Address:	City/ST/Zip:		
Licensed Installer:	Telephone:		
Installer Mailing Address:	: City/ST/Zip:		
Engineer:	Telephone:		
Engineer Mailing Address:	::City/ST/Zip:		
Type of Building:	Lot Size:	Sq. Ft. Acreage	
Current # of Bedrooms:	Proposed # of bedrooms	Expansion Attic:	
Garbage Disposal? Other type	pe of Building:	# of Persons:	
() Showers () Cafeteria () Hot Tub/Whirlpool/Other			
Design Flow: gal. Per person/bedroom per day Caluculated Daily Flow gal.			
Septic Tank - Liquid Capga	l Length Width	Diameter Depth	
Disp. Trench No. Width Disp. Bed No. Width Disp. Pit No. Width Width	_ Total Length T	Fot. Leaching Area sq ft. Fot. Leaching Area sq ft. Fot. Leaching Area sq ft.	
() Other Distribution Box) Dosing Tank () Pump	Chamber	

Percolation Test Resi	ults:			
Performed by:		Date:		
Perc Test No:	Minutes and in the	Depth of Perc Test:		
Perc Test No:	Minutes per inch	Depth of Perc Test:		
	Minutes per inch			
Depth of Ground Water:				
Description of Soil:				
•				
Nature of Repairs or Alterations (if applicable):				
Alternative Technology Information (if applicable)				
Alternative Technology Information (if applicable):				
Use: General	Remedial	Pilot		
		nstaller: The undersigned agrees to ensure the ge disposal system is installed in accordance with		
the provisions of Title 5	of the Environmental Code, Local Bylaws	s and Board of Health Regulations, and not to place		
the system in operation until a Certificate of Compliance has been issued by the Monterey Board of Health. The				
undersigned also agrees to provide the Monterey Board of Health with an accurate as-bilt of the installed system, together with the required Certificate of Construction. This information must be received no later than 15 days after				
	comply will result in loss of license to insta			
Owner Signature:		Date:		
Licensed Installer Signature (required):		Date:		
_				
Application Approved	l by: Monterey Board of Health	Date:		
Application Approved	l by: Monterey Highway Superintend	Date:		
Application Disapproved for the following reasons:				

CC: 2 copies Board of Health 1 copy Building Inspector